



RCE/26628
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/805,500
		Filing Date	March 13, 2001
		First Named Inventor	Arun Ayyagari
		Group Art Unit	2662
		Examiner Name	HONG SOL CHO
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ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08B (11 pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) (sheets) <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <input checked="" type="checkbox"/> Request for Continued Examination (RCE) Transmittal (in duplicate) <input type="checkbox"/> Certificate of Express Mail <input type="checkbox"/> Copies of (36: 1.1-1.6, 2.1-2.11, 3.1-3.8, 4.1-4.9, and 5.1-5.2) non-patent references cited in IDS <input checked="" type="checkbox"/> Copy of this transmittal form	
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Date <i>05-02-2005</i>	Rimma N. Oks	Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.	

SIGNATURE OF ATTORNEY OR AGENT				
Signature	<i>David S. Lee</i>	Reg. No.	38,222	
Name of Attorney or Agent		David S. Lee		
Date	<i>May 2, 2005</i>	Tel.	(425) 707-9382	Facsimile No. (425) 708-5046
Assignee Name:		MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052		
Customer Number:		22971		

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